ARIZONA STATE BOARD OF HEALTH

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State File No	
State Pile No	7 ~ ~ -
Registered No) 1 1

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E OF BIRTH			FICATE OF BIRTH	Registered No.
1.	5	IANDARD CERTI	an arisos	1
Dila	www.desumda.com.com.com.com.com.com.com.com.com.com		State Chipot	
et or Township			or Village	
11.2	ianni	No 6/1	Live de	St. Ward n, give its NAME instead of street and number)
	<i></i>	. /1	rred in a hospital or institution	, gire its NAME instead of street and number)
Full name of child Rosaria Luzunza (supplemental report, as directed.				
3. Sex of Child To be answered ONLY 4. Twin, triplet or other. 6. Legitimate? 7. Date 1923				
In event of	nlurel }	. In order of birth	100	of birth Day Year
female births.	J 5, No.	, in order of Bittin.	1	MOTHER
ε. <i>1</i>	FATHER	i	14.	· · · · · · · · · · · · · · · · · · ·
Full name Lunae	1 Inzun	2	Full maiden name	einenia Monroi
9. Residence (Usual place of abode)	miami,	ariona	15. Residence (Usual place of abode)	Miania Monroi
If non-resident, give place a	and state.	0	If non-resident, give	place and state.
10. Color or race			16. Color or race	1
		3-3	mexican	- 17. Age at last birthday 2 7 (Years)
They the	il. Age at last birthday	(Years)		17. Age at tast untileas
			18. Birthplace (city or pla	ace)
12. Birthplace (city or place)	Mexico		(State or country)	mexico
(State or country)			(State or country)	
13. Occupation W	tiner	9	19. Occupation	Konservike
Nature of industry		, ·	Nature of Industry	
• • • • • • • • • • • • • • • • • • • •	~			
20. Number of children of thi	s mother) (a) Born alive a	nd now living	21. Were precautions taken against oph- thalmia neonatorum?
(Taken as of time of birth of	child herein	(b) Born alive b	ut now dead	year
certified and including this child.) (c) Stilling in the child.)				
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Born alive or stillborn)				
* When there was no attender or midwife, then the father	. householder. Gis	nature		
etc., should make this retur	n. A stillborn			und
shows other evidence of life	fe after birth.		44.0'	(Physician ur midwlfe).
Given name added from		Address	Miani, a	ways !
a supplemental report	Month, day, year	·	July 15, 79	G. E. Jamin
	**************************************	Filed	f.c	Registrar

Registrar